MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

08037

Reg. Dist. No. 51

1. PLACE OF DEATH: COUNTY Calvert MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Willows
LENGTH OF STAY (in this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Calvert
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Willows, Rural.
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Benjamin (Middle) (Last) Brown.

4. DATE OF DEATH (Month) 8- (Day) 17- (Year) 1950

5. SEX M.

6. COLOR OR RACE C

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) married

8. DATE OF BIRTH 3-14, 1878

9. AGE last birthday 72 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farm Tenant

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A

13. FATHER'S NAME Virgil Brown

14. MOTHER'S MAIDEN NAME Sallie Brown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)

16. SOCIAL SECURITY No.

17. INFORMANT AND ADDRESS Rosie Brown. Willows, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

442X Immediate cause (a) Hypertensive cardio vascular renal disease ?

Antecedent cause(s)

131a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8/2, 1950, to 8/14, 1950, that I last saw the deceased alive on 8/16, 1950, and that death occurred at 6 35 A.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) M.D. ADDRESS Huntingtown Md. DATE SIGNED 8/18/50

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE 8-20-50
NAME OF CEMETERY OR CREMATORY St Edmonds
LOCATION (City, town, or county) Calvert (State) Md

DATE REC'D BY LOCAL REG. 8-18-50
REGISTRAR'S SIGNATURE H W Ward

24. FUNERAL DIRECTOR P. E. Sewell ADDRESS Prince Frederick Md

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

08038

Reg. Dist. No. 51

1. PLACE OF DEATH: COUNTY Calvert — MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) N. Beach
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS —

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Montgomery
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Rockville
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Edna (Middle) C (Last) Burroughs
4. DATE OF DEATH (Month) 8 (Day) 23 (Year) 1950
5. SEX F
6. COLOR OR RACE W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Wd
8. DATE OF BIRTH Oct 29 1870
9. AGE last birthday 79 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Domestic
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Md
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME Alex Good
14. MOTHER'S MAIDEN NAME Georgiana Oliver
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)
16. SOCIAL SECURITY NO. —
17. INFORMANT AND ADDRESS Mrs Viva Dove, 3234 Wisconsin NW

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

420.1 Immediate cause (a) Coronary embolism — 5 min

Antecedent cause(s)

94a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Died in bed after a good night

19a. DATE OF OPERATION —
19b. MAJOR FINDINGS OF OPERATION —
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. —
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from —, 19 —, to —, 19 —, that I last saw the deceased alive on —, 19 —, and that death occurred at 9 A m., from the causes and on the date stated above.

SIGNATURE H. W. M.D. (Degree or title) ADDRESS Owings Md DATE SIGNED

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE 8/27/50
NAME OF CEMETERY OR CREMATORY Potomac Md
LOCATION (City, town, or county) Rockville (State) Md

DATE REC'D BY LOCAL REG. 8/23/50
REGISTRAR'S SIGNATURE
24. FUNERAL DIRECTOR Pumphrey ADDRESS Rockville Md

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RECEIVED
AUG 28 1950
BUREAU V. D.

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The correct age is especially important. Supply every item of information carefully. Physicians: please write the causes of death clearly and legibly.

PLEASE WRITE PLAINLY, WITH UNFADING INK. MARGIN RESERVED FOR BINDING

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VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

08039

Reg. Dist. No. 51

1. PLACE OF DEATH: COUNTY Calvert MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Dares Beach
LENGTH OF STAY (in this place) 23 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS —

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Calvert
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Dares Beach
STREET ADDRESS (If rural, give location) —

3. NAME OF DECEASED (Type or Print) (First) Jannie (Middle) E. (Last) Dresser

4. DATE OF DEATH (Month) August (Day) 10, (Year) 1950

5. SEX F

6. COLOR OR RACE W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) M

8. DATE OF BIRTH Feb. 13, 1884

9. AGE last birthday 66 yrs. If under 1 year: Months 5 Days 27 If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife

10b. KIND OF BUSINESS OR INDUSTRY Home

11. BIRTHPLACE (State or foreign country) Washington, D.C.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Robert Lanham

14. MOTHER'S MAIDEN NAME Mary Beach

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If year, give war or dates of service) No

16. SOCIAL SECURITY No. No

17. INFORMANT AND ADDRESS Walter D. Dresser - Dares Beach

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

443X

Immediate cause (a) Cerebral Hemorrhage

93d

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Hypertensive C. V. Disease

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ...., 1944, to Aug 10, 1950, that I last saw the deceased alive on Aug 10, 1950, and that death occurred at 4:45 A.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS Prince Frederick DATE SIGNED

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE Aug. 12, 1950
NAME OF CEMETERY OR CREMATORY Cedar Hill Cemetery
LOCATION (City, town, or county) (State) Washington, D.C.

DATE REC'D BY LOCAL REG. 8-11-50
REGISTRAR'S SIGNATURE H. W. Ward, M.D.
24. FUNERAL DIRECTOR A. A. Harkness & Son ADDRESS Mutual, Md.

H.

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MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

08040

Reg. Dist. No. 51

1. PLACE OF DEATH· COUNTY Calvert MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Dunkirk,
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED· STATE Maryland COUNTY Calvert
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Dunkirk,
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Marshall (Middle) W. (Last) Freelon
4. DATE OF DEATH (Month) 8 – (Day) 3, (Year) 1950

5. SEX M.
6. COLOR OR RACE C.
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) married
8. DATE OF BIRTH Sept-17, 1902
9. AGE last birthday 47 yrs. If under 1 year Months. Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farm Tenant
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) A.A. County
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Clemm Freelon
14. MOTHER'S MAIDEN NAME Rebecca Booze

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)
16. SOCIAL SECURITY No. 219-12-56-18
17. INFORMANT AND ADDRESS Irene Freelon, Dunkirk, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Carcinoma of rectum

154X
46d

Antecedent cause(s)
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)
(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2 June, 1950, to 3 Aug, 1950, that I last saw the deceased alive on 3 Aug, 1950, and that death occurred at 11 P.m., from the causes and on the date stated above.

SIGNATURE [illegible] Weems. (Degree or title) MD ADDRESS Huntingtown Md DATE SIGNED 8/4/50

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE 8-6-50
NAME OF CEMETERY OR CREMATORY Sollers, Chapel
LOCATION (City, town, or county) A.A. County (State) Md

DATE REC'D BY LOCAL REG. 8-5-50
REGISTRAR'S SIGNATURE H. W. Ward (M.P.)
24. FUNERAL DIRECTOR R.E. Sewell ADDRESS Prince Frederick, Md
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MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

08041

Reg. Dist. No. 51

1. PLACE OF DEATH: COUNTY Calvert MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Port Republic
LENGTH OF STAY (in this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS —

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Calvert
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Port Republic
STREET ADDRESS (If rural, give location) —

3. NAME OF DECEASED (Type or Print) (First) Mary (Middle) P. (Last) Howard

4. DATE OF DEATH (Month) Aug. (Day) 13, (Year) 1950

5. SEX F

6. COLOR OR RACE W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) M

8. DATE OF BIRTH Feb. 25, 1875

9. AGE last birthday 75 yrs. If under 1 year Months 5 Days 18 If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife

10b. KIND OF BUSINESS OR INDUSTRY Home

11. BIRTHPLACE (State or foreign country) Calvert County, Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME John T. Chambers

14. MOTHER'S MAIDEN NAME Margaret E. I Ogden

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If year, give war or dates of service) No

16. SOCIAL SECURITY No. No

17. INFORMANT AND ADDRESS Roland Howard - Port Republic, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

420.1 Immediate cause (a) Coronary Occlusion

Antecedent cause(s)

94a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Hypertension - arteriosclerosis

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ...., 1940, to Aug 13, 1950, that I last saw the deceased alive on Aug 12, 1950, and that death occurred at 7 p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS Prince Frederick DATE SIGNED 8/15

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE Aug. 16, 1950
NAME OF CEMETERY OR CREMATORY Christ Church Cemetery
LOCATION (City, town, or county) Port Republic (State) Maryland

DATE REC'D BY LOCAL REG. 8-15-50

REGISTRAR'S SIGNATURE H. W. Ward

24. FUNERAL DIRECTOR A. A. Harkness & Son ADDRESS Mutual, Md.

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AUG 16 1950
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MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

08042

Reg. Dist. No. 51

1. PLACE OF DEATH: COUNTY Calvert MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Island Creek.
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Calvert
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Island Creek, Md.
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Carrie ~~Caroline~~ (Middle) Alease (Last) Johnson

4. DATE OF DEATH (Month) 8 – (Day) 16 – (Year) 1950

5. SEX F

6. COLOR OR RACE C

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)

8. DATE OF BIRTH 4 – 13 – 50

9. AGE last birthday yrs. If under 1 year Months 4 – Days 3 If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) Calvert Co. Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Joseph ~~Franklin~~ Johnson

14. MOTHER'S MAIDEN NAME Mazie Gray

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)

16. SOCIAL SECURITY No.

17. INFORMANT AND ADDRESS Mazzie Gray. Island Creek Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

752x Immediate cause (a) Hydrocephalis

Antecedent cause(s)

157a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) (c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ...., 19...., to ...., 19...., that I last saw the deceased alive on ...., 19...., and that death occurred at 4:45 P.m., from the causes and on the date stated above.

SIGNATURE R L Williams (Degree or title)
ADDRESS St Leonard
DATE SIGNED Aug 17/50

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE 8-17-50
NAME OF CEMETERY OR CREMATORY Brooks Chapel
LOCATION (City, town, or county) Calvert (State) Md

DATE REC'D BY LOCAL REG. 8-17-50
REGISTRAR'S SIGNATURE H. W. Ward

24. FUNERAL DIRECTOR P. E. Sewell ADDRESS Prince Frederick Md

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AUG 23 1950
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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

08043

CERTIFICATE OF DEATH

Reg. Dist. No. 51

1. PLACE OF DEATH: COUNTY CALVERT — MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): PRINCE FREDERICK — LENGTH OF STAY (in this place): LIFE
HOSPITAL OR INSTITUTION OR STREET ADDRESS: CALVERT CO. HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MARYLAND — COUNTY CALVERT
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): ~~[illegible]~~ SUNDERLAND
STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): (First) PHILLIP (Middle) (Last) JONES

4. DATE OF DEATH: (Month) AUGUST (Day) 1st (Year) 1950

5. SEX: MALE
6. COLOR OR RACE: NEGRO
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): MARRIED
8. DATE OF BIRTH: JUNE 20, 1873
9. AGE last birthday: 77 yrs. — If under 1 year: Months. Days — If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): FARMER, Owner
10b. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (State or foreign country): SUNDERLAND, Md.
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: JAMES JONES
14. MOTHER'S MAIDEN NAME: ANN KENT

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)
16. SOCIAL SECURITY No.
17. INFORMANT AND ADDRESS: SON - Kinsey JONES - DUNKIRK, MD.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

592x Immediate cause (a) Chronic Nephritis - Acidosis

131b Antecedent cause(s)
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Brights Disease

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ...., 19........, to ...., 19........, that I last saw the deceased alive on ...., 19........, and that death occurred at 3:30 A.m., from the causes and on the date stated above.

SIGNATURE: R D Villarreal — DE VILLARREAL (Degree or title) — ADDRESS: St Leonard — DATE SIGNED: 8/3/50

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE: 8-4-50 — NAME OF CEMETERY OR CREMATORY: Mt Hope. — LOCATION (City, town, or county) (State): Sunderland, Calvert, Md

DATE REC'D BY LOCAL REG.: 8-3-50 — REGISTRAR'S SIGNATURE: H W Ward — 24. FUNERAL DIRECTOR: P.E. Sewell — ADDRESS: Prince Frederick, Md

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MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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VS. A15

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

08044

Reg. Dist. No. 51

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

M

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VS. A15

1. PLACE OF DEATH: COUNTY Calvert MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Prince Frederick
LENGTH OF STAY (in this place) 5 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Calvert County Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Calvert
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) North Beach Md.
STREET ADDRESS (If rural, give location) 315 Bay Ave.

3. NAME OF DECEASED (Type or Print) (First) Mathilda (Middle) (Last) Kreutzer

4. DATE OF DEATH (Month) August (Day) 21 (Year) 1950

5. SEX Female

6. COLOR OR RACE white

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) married

8. DATE OF BIRTH Aug. 4, 1875

9. AGE last birthday 75 yrs. If under 1 year Months. Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework

10b. KIND OF BUSINESS OR INDUSTRY ——

11. BIRTHPLACE (State or foreign country) Chicago, Illinois

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Fred Aprecht

14. MOTHER'S MAIDEN NAME Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If year, give war or dates of service)

16. SOCIAL SECURITY No.

17. INFORMANT AND ADDRESS Husband

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Lobar Pneumonia	5 days
903.0 **Antecedent cause(s)** 186a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Exposure	3 days ago
	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Fell and was on floor 14 hrs in house

19a. DATE OF OPERATION ——

19b. MAJOR FINDINGS OF OPERATION ——

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) Accident
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Home
(CITY OR TOWN) N. Beach (COUNTY) Md Calvert (STATE) Md.

TIME OF INJURY (Month) 8 (Day) 15 (Year) 1950 (Hour) 10 p.m.

INJURY OCCURRED While at Work ☐ Not While At work ☒

HOW DID INJURY OCCUR? Fell while up in bedroom

22. I hereby certify that I attended the deceased from 8/16, 1950, to 8/21, 1950, that I last saw the deceased alive on 8/20, 1950, and that death occurred at 10 45 m., from the causes and on the date stated above.

SIGNATURE H. W. Ward (Degree or title) [illegible] ADDRESS Owings Md DATE SIGNED

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE 8/24/50
NAME OF CEMETERY OR CREMATORY Cedar Hill
LOCATION (City, town, or county) Suitland (State) Md

DATE REC'D BY LOCAL REG. 8-21-50

REGISTRAR'S SIGNATURE H. W. Ward

24. FUNERAL DIRECTOR W. W. Chambers Co ADDRESS 517 11th St S E

RECEIVED
SEP 30 1950
BUREAU Y. &

M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

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VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

08045

Reg. Dist. No. 51

1. PLACE OF DEATH — COUNTY: Calvert — MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Prince Frederick
LENGTH OF STAY (in this place): Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY: Calvert
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Prince Frederick
STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print) — (First) George (Middle) William (Last) Ogden

4. DATE OF DEATH — (Month) Aug. (Day) 19, (Year) 1950

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): W

8. DATE OF BIRTH: Feb. 6, 1863

9. AGE last birthday: 87 yrs. — If under 1 year: Months 6, Days 13 — If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Carpenter

10b. KIND OF BUSINESS OR INDUSTRY: Building Construction

11. BIRTHPLACE (State or foreign country): Calvert County, Md

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: George R. Ogden

14. MOTHER'S MAIDEN NAME: Louisa Johnson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): No

16. SOCIAL SECURITY No.: No

17. INFORMANT AND ADDRESS: Mrs Howard Ogden - Prince Frederick

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

450.0 Immediate cause (a) Uremia

Antecedent cause(s)

97.0 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arteriosclerosis

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ...., 19...., to ...., 19...., that I last saw the deceased alive on ...., 19...., and that death occurred at ....m., from the causes and on the date stated above.

SIGNATURE: Page [illegible] (Degree or title) ADDRESS: Prince Frederick DATE SIGNED

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE: Aug. 22, 1950
NAME OF CEMETERY OR CREMATORY: Wesley M.E. Cemetery
LOCATION (City, town, or county) (State): Prince Frederick, Md

DATE REC'D BY LOCAL REG. 8-21-50
REGISTRAR'S SIGNATURE: H. N. Ward

24. FUNERAL DIRECTOR — ADDRESS: A. A. Harkness & Son - Mutual, Md.

308V9

M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

08046

CERTIFICATE OF DEATH

Reg. Dist. No. 51

1. PLACE OF DEATH: COUNTY Calvert MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Prince Frederick
LENGTH OF STAY (in this place) 1 hr.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Calvert County Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Calvert
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Prince Frederick
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Virgil (Middle) B. (Last) Rawlings

4. DATE OF DEATH (Month) Aug. (Day) 26, (Year) 195

5. SEX M

6. COLOR OR RACE W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) M

8. DATE OF BIRTH Apr. 9, 1911

9. AGE last birthday 39 yrs. If under 1 year Months. 4 Days 17 If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Gas Shovel Operator

10b. KIND OF BUSINESS OR INDUSTRY State Roads Comm.

11. BIRTHPLACE (State or foreign country) Calvert County, Md

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Ernest Rawlings

14. MOTHER'S MAIDEN NAME Sarah Bowen

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) No

16. SOCIAL SECURITY No. No

17. INFORMANT AND ADDRESS Pearl Rawlings - Prince Frederick

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary Occlusion

INTERVAL BETWEEN ONSET AND DEATH 8/26/50

420,1

Antecedent cause(s)

94a

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8/26, 1950, to 8/26, 1950, that I last saw the deceased alive on 8/26, 1950, and that death occurred at 6:30 p. m., from the causes and on the date stated above.

SIGNATURE George L. Jett (Degree or title) ADDRESS Prince Frederick DATE SIGNED 8/28/50

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE Aug. 29, 1950
NAME OF CEMETERY OR CREMATORY Wesley Cemetery
LOCATION (City, town, or county) Prince Frederick, (State) Md.

DATE REC'D BY LOCAL REG 8-28-50
REGISTRAR'S SIGNATURE H. M. Ward

24. FUNERAL DIRECTOR A. A. Harkness & Son ADDRESS Mutual, Md.

49698

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SEP 14 [illegible]
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